

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S89996

FILED  
Jan 08, 2007  
Secretary of State

Entity Name: RECORDING MEDIA & EQUIPMENT, INC.

**Current Principal Place of Business:**

3736 SW 30 AVE  
FORT LAUDERDALE, FL 33312

**New Principal Place of Business:**

**Current Mailing Address:**

3736 SW 30 AVE  
FORT LAUDERDALE, FL 33312

**New Mailing Address:**

FEI Number: 65-0298005

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MEYER, LUTZ H  
3736 SW 30TH AVE  
HOLLYWOOD, FL 33312 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PS ( ) Delete  
Name: MEYER, LUTZ H  
Address: 5521 REYNOLDS RD  
City-St-Zip: LAKE WORTH, FL 334678422

Title: VT ( ) Delete  
Name: MEYER, MARY L  
Address: 5521 REYNOLDS RD  
City-St-Zip: LAKE WORTH, FL 334678422

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUTZ H. MEYER

PRES

01/08/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date